



**Montana Department of Transportation
Motor Carrier Services Division**

PO BOX 4639
HELENA MT 59604-4639
(406) 444-6130

Do Not Write in this Space

**License
Number**

DOT/MVI # _____
Application For Special Fuel Users License

Section I: To be completed by all applicants. Failure to complete all items results in delay or denial of a Special Fuel Authorization

1. Trade Name (DBA)				2. Business Federal Employer ID. NO.			
3. Mailing Address Line 1				8. Location Address line 1 (if different from mailing address)			
4. Mailing Address Line 2				9. Location Address line 2			
5. City	6. State	7. Zip code	10. City	11. State	12. Zip code		
13. Business Phone Number		14. Owner Name		15. Owner SSN or Fed. Empl. ID. No.			
16. 'X' Type of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Partnership (Section II)				<input type="checkbox"/> Corporation – Regular (Section II) <input type="checkbox"/> Corporation – Subchapter S (Section II) <input type="checkbox"/> Other (Specify) _____ (Section II)			

Section II: Complete this Section if Type of Organization is Partnership, Corporation (regular or subchapter S) or other.

Officer or Partner Name		Title	Social Security Number
Officer or Partner Name		Title	Social Security Number
17. Reason for Application (check application box and complete) <input type="checkbox"/> New License Request <input type="checkbox"/> Reissue of Cancelled License (items 20, 21, 22) <input type="checkbox"/> Name Change (items 20, 21, 22) <input type="checkbox"/> Purchased Business (items 20, 21, 22)			
19. Have you ever been issued a motor fuels license for this or any other business? <input type="checkbox"/> No <input type="checkbox"/> Yes (complete items 20, 21, 22)		20. Previous Trade Name	
21. Previous Owner Name			22 Previous License Number

Applicant agrees that complete records of all Special Fuel used and Mileage information, special fuels receipts and sales will be kept as required by the Montana Department of Transportation at location address and may be examined at any time during business hours by a representative of the Department.

Authorized Signature Date

Title

Alternative accessible formats of this document will be provided on request.

General Instructions:

Section I:

- 1 Name of Organization
- 2 Enter Federal ID Number
- 3 thru 12 If location of business differs from your mailing address, both addresses must be shown.
- 13 Number where you or your representative can be reached regarding your Special Fuel Licenses and/or tax report.
- 14 thru 15 Must be completed if type of organization is individual.
- 16 Must fill out Section II if any box is checked other than individual.

Section II:

Two (2) officer or partner names are necessary when licensing a partnership or corporation.

- 18 thru 22 Pre-existing account history is critical to processing the application. If an applicant has had a Special Fuel Permit that was surrendered or revoked, the applicant must pay a reissue fee of \$100.